

2004 RECREATIONAL SOCCER FACT SHEET

**** REGISTRATION: 1. MAIL IN ONLY ACCEPTED JUNE 1-11**

DOWNLOAD FORM FROM WEB AND MAIL COMPLETED AND SIGNED FORM WITH CORRECT PAYMENT

2. OFFICE REGISTRATION JULY 6-23

REGISTRATION FORMS WILL BE AVAILABLE AT THE RECREATION OFFICE - M - F 8:30 - 4:00
(LATE FEES AND WAITING LISTS APPLY)

****WHO:** Wilbraham residents only who are **not** also playing in a competitive league

****PROGRAMS: INSTRUCTIONAL SOCCER**

- Kindergarten or age 5 as of 9/1/04

NOTE: If your child will begin kindergarten next year, s/he will have to repeat Instructional Program.
Youth soccer begins in grade one and will **not** go by age.

- Fee: \$40.00 per child - includes t-shirt
- Season starts early September
- Meets on Sunday - six sessions
- Appox. time: 12:15 - 1:30pm
- Stresses fundamentals

LEAGUE DIVISIONS

- 1ST Grade Youth Soccer (Coed)
- 2ND Grade Youth Soccer (Coed)
- Juniors- Grades 3-5 (Boys/ Girls)
- Senior- Grades 6-8 (Boys/ Girls)
- Fee \$45.00 per child includes t-shirt and socks
- Shin guards required in all divisions
- Cleats recommended

****SHIRT SIZES:** Choose size carefully on the registration form, there will be **no** exchanges!

****TENTATIVE LEAGUE TIMETABLE:**

Late August/Early September.....Practice Begins - 1 or 2 times per week 5:00 - Dark
(Time assigned to coach)
September Game Season Begins-Saturdays and Sundays
Late November..... Tournament Play /Season Ends

NOTE: A coach will call to notify you of what team your child is on and when and where practice will be held.
PLEASE DO NOT CALL THE RECREATION OFFICE FOR THIS INFORMATION.

WILBRAHAM RECREATION DEPARTMENT
240 SPRINGFIELD ST., WILBRAHAM, MA 01095
www.wilbraham-ma.gov/rec

FALL 2004 YOUTH SOCCER

NAME: _____ D.O.B. ____/____/____ AGE: _____ GR: _____
(FALL 04)

ADDRESS: _____ MALE / FEMALE

HOME PHONE: _____ EMER. NAME: _____ EMER. PHONE: _____
(OPTIONAL) (OPTIONAL)

DOES SOMEONE CHECK E-MAIL DAILY? YES / NO - EMAIL ADDRESS _____
(PRINT VERY CLEARLY)

IS THERE A SIBLING PLAYING IN THE SAME AGE DIVISION? YES / NO - NAME: _____

ALLERGIES/RESTRICTIONS: _____

PARENTS NAMES: _____

DID YOU PLAY WILBRAHAM REC. SOCCER LAST YEAR? YES / NO NUMBER OF SEASONS PLAYED: _____

(PLEASE INDICATE BY CIRCLING THE FOLLOWING - IF YES PLEASE INDICATE WHO)

WILL PARENT COACH? YES / NO MOM OR DAD? OTHER? NAME: _____

WILL PARENT ASST. COACH? YES/NO MOM OR DAD? OTHER? NAME: _____

IS POTENTIAL COACH C.P.R. CERTIFIED? YES / NO N.Y.S.C.A. CERTIFIED? YES / NO

THE RECREATION DEPARTMENT IS NOT ABLE TO ACCOMMODATE REQUESTS

****PLEASE CIRCLE DIVISION YOU ARE REGISTERING FOR: MAKE CHECKS PAYABLE TO: THE TOWN OF WILBRAHAM**

INSTRUCTIONAL (Kindergarten or age 5 by 9/04 - COED) -\$40.00 **GRADE 1 YOUTH OR GRADE 2 YOUTH** - \$45.00
RECREATIONAL BOY? GIRL? GRADE IN FALL: _____ - \$45.00

****PLEASE CIRCLE SHIRT SIZE: (no exchanges) Y- 8-10 Y-10-12 Y-12-14 AS AM AL AXL AXXL**

PLEASE READ THE FOLLOWING CAREFULLY:

* **WAIVER**: I, the undersigned parent and/or guardian of _____, a minor, on the date of _____, do hereby consent to my child's participation in voluntary recreational programs of the Town of Wilbraham.

I agree not to sue and also agree to forever release the Town of Wilbraham, and the H.W. School District their servants, officers, officials, employees, agents and ("the releasees") assisting or participating in voluntary recreational programs of the Town of Wilbraham from any and all claims, rights of action and causes of action that may arise in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs.

I also promise, to indemnify, defend, and hold harmless the releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in the Town of Wilbraham's athletic recreational programs with full knowledge that the releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town of Wilbraham recreational programs.

* **REFUND POLICY**: If you notify the Recreation Department at least one week prior to the start of the program, you will receive a refund, minus a \$5.00 administrative charge.

- Because the decision to maintain a program is based on the enrollment, no refunds will be given once a program has started. However, a refund may be offered (for extenuating circumstances) on a case by case basis at the discretion of the Director. Such requests must be submitted in writing.

* **RELEASE**: For promotional purposes, photos may be taken of my child and put on the Recreation website or in printed material. I understand it is my responsibility to notify the coach and photographer if my child is **not** to be photographed.

I would like to donate \$_____ to the scholarship fund to help defray costs for a family in need. (Add amount to check)

DATE: _____

SIGNATURE OF EITHER PARENT OR GUARDIAN REQUIRED